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File No. 9-16791-1US MCG/bs

Montreal, Canada

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Mohan M. Vijay et al
Serial No.: 10/577,718
Filed: May 2, 2006
Title: ULTRASONIC WATERJET APPARATUS
Group Art Unit: 3752
Confirmation No.: 3704

BY FAX (571) 273-8300
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Sir:

Enclosed is a *Request for withdrawal as attorney or agent and change of correspondence address (Form PTO/SB/83)* duly executed to be recorded against the above-identified patent application.

We look forward to receiving confirmation that our withdrawal as agent has been made of record.

Respectfully submitted

January 8, 2009

Date

Agent of the Applicant

Marie-Claude Gagnon, Reg. No. 60,366

Tel.: (514) 847-4312


OGILVY RENAULT LLP

Customer No. 020988

Enc. Form PTO/SB/83

- 2 -

Commissioner for Patents

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
	<u>Marie-Claude Gagnon, Reg. No. 60,366</u> Name of person signing certification
Signature	<u>January 8, 2009</u> Date

JAN 08 2009

Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0551-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
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AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/577,718
Filing Date	May 2, 2006
First Named Inventor	Mohan M. Vijay
Art Unit	3752
Examiner Name	Steven J. Ganey
Attorney Docket Number	9-16791-1US MCG/bs

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 020988

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(II) | <input type="checkbox"/> 10.40(c)(1)(III) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number. _____

OR

B. ☒ Inventor or Assignee name Mr. Mohan Vijay, VLN Advanced Technologies Inc.

Address 1166 Rainbow Street

City Ottawa State Ontario Zip K1J 6X7 Country Canada

Telephone (613) 747-0107 Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 
Name Marie-Claude Gagnon, OGILVY RENAULT LLP Registration No. 60,366

Address Suite 1600, 1981 McGill College Avenue

City Montreal State Quebec Zip H3A 2Y3 Country Canada

Date January 8, 2009 Telephone No. (513) 847-4312

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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